

2009 OUTSTANDING CITIZEN WITH A DISABILITY NOMINATION FORM

This award is given to an individual with a disability in recognition of outstanding achievements in overcoming a disability and for the promotion of independent living and employment opportunities for other individuals with disabilities.

NOMINEE'S NAME _____

HOME ADDRESS _____
Address City Zip

HOME PHONE _____ BUSINESS PHONE _____

THIS NOMINATION SUBMITTED BY _____
Name

ADDRESS _____

TELEPHONE _____ TITLE _____

1. Describe the nominee's present involvement in areas affecting people with disabilities on the state and national levels. Describe past activities as well. This involvement may include such areas as working with independent living centers, advocating for accessible housing or transportation, encouraging state and national legislation and any other area that can ultimately lead to employment. NOTE: Do not include activities more than five years back unless they directly impact current activities.

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2. How will the selection of this nominee as the Outstanding Citizen With A Disability improve the chances of other people with disabilities becoming part of the mainstream of American life? Be specific.

 3. List other accomplishments not covered under the previous questions.

 4. Describe the nominee's disability. Tell how and when acquired. Include the impact it has had on his or her life.

 5. Please include letters of support (minimum of two, but no more than 5, one page only.) Letters must be from persons other than the nominator.